

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004040

FILED  
Feb 10, 2007  
Secretary of State

Entity Name: SC MOTA GP, INC.

## Current Principal Place of Business:

ONE NORTH CLEMATIS STREET, SUITE 305  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

ONE NORTH CLEMATIS STREET, SUITE 305  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 20-1354663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KOSOY, BRIAN D  
ONE NORTH CLEMATIS STREET  
SUITE 305  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KOSOY, BRIAN D  
Address: ONE NORTH CLEMATIS STREET, SUITE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD ( ) Delete  
Name: GREEN, ROBERT S  
Address: 2851 JOHN STREET, SUITE ONE  
City-St-Zip: MARKHAM ONTARIO CANADA,

Title: VS ( ) Delete  
Name: MOROSS, GREG  
Address: ONE NORTH CLEMATIS STREET, SUITE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VT ( ) Delete  
Name: COSTELLO, VINCENT J  
Address: ONE NORTH CLEMATIS STREET, SUITE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: KOSOY, A. DAVID  
Address: ONE NORTH CLEMATIS STREET, SUITE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: PRESTON, JOHN W.S.  
Address: ONE NORTH CLEMATIS STREET, SUITE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT J COSTELLO

VT

02/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date